|          | TRAN    | ISMITTAL                                                                                                                                                          | FTTER TO THE LIMITED                                                                 | STATES DESIGNATED/ELECTED OFFICE                         | CUSTOMER NO. 22 952                                           |  |  |  |  |  |  |  |
|----------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------|--|--|--|--|--|--|--|
|          | III     |                                                                                                                                                                   | (DO/E<br>CONCERNING A SUBMISS                                                        | D/US)                                                    | CUSTOMER NO. 22,852<br>ATTORNEY'S DOCKET NUMBER: 04632.0072   |  |  |  |  |  |  |  |
|          |         | ,                                                                                                                                                                 | CONCENNING A SUBMISS                                                                 | ION UNDER 35 U.S.C. 3/ I                                 | U.S. APPLICATION HOS BOWN, SEE 37 CFR 1,5                     |  |  |  |  |  |  |  |
|          |         | TIONAL AF                                                                                                                                                         | PLICATION NO.                                                                        | INTERNATIONAL FILING DATE                                | PRIORITY DATE CLAIMED                                         |  |  |  |  |  |  |  |
|          |         |                                                                                                                                                                   | N A MOLDING FLASK FOR                                                                | January 20, 2005<br>R A MOLDING MACHINE AND A MOLDING PI | January 20, 2004  ROCESS USING THE MOLDING FLASK (AS AMENDED) |  |  |  |  |  |  |  |
| $\vdash$ |         |                                                                                                                                                                   | D/EO/US: Minoru HIRATA                                                               |                                                          |                                                               |  |  |  |  |  |  |  |
|          | LIOAI   | 141 7 011 00                                                                                                                                                      | JEO/03. WITIOTE HINATA                                                               |                                                          |                                                               |  |  |  |  |  |  |  |
| Арр      | licant  | nt herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:                                          |                                                                                      |                                                          |                                                               |  |  |  |  |  |  |  |
| 1.       | ☒       | This is a FIRST submission of items concerning a filing under 35 U.S.C 371.                                                                                       |                                                                                      |                                                          |                                                               |  |  |  |  |  |  |  |
| 2.       |         | This is a SECOND or SUBSEQUENT submission of items concerning a submission under 35 U.S.C. 371.                                                                   |                                                                                      |                                                          |                                                               |  |  |  |  |  |  |  |
| 3.       |         | This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below. |                                                                                      |                                                          |                                                               |  |  |  |  |  |  |  |
| 4.       |         | The US has been elected (Article 31).                                                                                                                             |                                                                                      |                                                          |                                                               |  |  |  |  |  |  |  |
| 5.       | ⊠       | A copy of the International Application as filed (35 U.S.C. 371 (c)(2)).                                                                                          |                                                                                      |                                                          |                                                               |  |  |  |  |  |  |  |
|          |         | a.   is attached hereto (required only if not communicated by the International Bureau).                                                                          |                                                                                      |                                                          |                                                               |  |  |  |  |  |  |  |
|          |         | b. 🗆                                                                                                                                                              | has been communicated t                                                              | y the International Bureau.                              |                                                               |  |  |  |  |  |  |  |
|          |         | c. 🗆                                                                                                                                                              | is not required, as the app                                                          | lication was filed with the United States Receivi        | ing Office (RO/US).                                           |  |  |  |  |  |  |  |
| 6.       | ⊠       | An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)).                                                                  |                                                                                      |                                                          |                                                               |  |  |  |  |  |  |  |
|          |         | a. 🛮                                                                                                                                                              | is attached hereto.                                                                  |                                                          |                                                               |  |  |  |  |  |  |  |
|          |         | b. 🗆                                                                                                                                                              | has been previously subm                                                             | itted under 35 U.S.C. 154(d)(4).                         |                                                               |  |  |  |  |  |  |  |
| 7.       | ×       | Amendme                                                                                                                                                           | ents to the claims of the Inte                                                       | rnational Application under PCT Article 19 (35 L         | J.S.C. 371 (c)(3)).                                           |  |  |  |  |  |  |  |
| Ì        |         | a. 🗆                                                                                                                                                              | are attached hereto (requi                                                           | red only if not communicated by the Internation          | al Bureau).                                                   |  |  |  |  |  |  |  |
|          |         | b. 🗆                                                                                                                                                              | have been communicated                                                               | by the International Bureau.                             |                                                               |  |  |  |  |  |  |  |
|          |         | c. 🗆                                                                                                                                                              | have not been made; how                                                              | ever, the time limit for making such amendment           | ts has NOT expired.                                           |  |  |  |  |  |  |  |
|          |         | d. 🛛                                                                                                                                                              | have not been made and                                                               | will not be made.                                        |                                                               |  |  |  |  |  |  |  |
| 8.       |         | An Englis                                                                                                                                                         | h language translation of the                                                        | amendments to the claims under PCT Article 1             | 19 (35 U.S.C. 371 (c)(3)).                                    |  |  |  |  |  |  |  |
| 9.       |         | An oath o                                                                                                                                                         | r declaration of the inventor                                                        | (s) (35 U.S.C. 371 (c)(4)).                              |                                                               |  |  |  |  |  |  |  |
| 10.      |         |                                                                                                                                                                   |                                                                                      | annexes of the International Preliminary Exam            | nination Report under PCT                                     |  |  |  |  |  |  |  |
|          |         | Article 36                                                                                                                                                        | (35 U.S.C. 371 (c)(5)).                                                              |                                                          |                                                               |  |  |  |  |  |  |  |
| Iten     | ns 11 t | to 20 belov                                                                                                                                                       | v concern document(s) or                                                             | Information included:                                    |                                                               |  |  |  |  |  |  |  |
| ŀ        |         |                                                                                                                                                                   |                                                                                      |                                                          |                                                               |  |  |  |  |  |  |  |
| 11.      |         | Information Disclosure Statement under 37 CFR 1.97 and 1.98                                                                                                       |                                                                                      |                                                          |                                                               |  |  |  |  |  |  |  |
| 12.      |         | An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.                                                 |                                                                                      |                                                          |                                                               |  |  |  |  |  |  |  |
| 13.      |         | A preliminary amendment.                                                                                                                                          |                                                                                      |                                                          |                                                               |  |  |  |  |  |  |  |
| 14.      |         | An Applic                                                                                                                                                         | An Application Data Sheet under 37 CFR 1.76.                                         |                                                          |                                                               |  |  |  |  |  |  |  |
| 15.      |         | A Substitute specification.                                                                                                                                       |                                                                                      |                                                          |                                                               |  |  |  |  |  |  |  |
| 16.      |         | A power of attorney and/or change of address letter.                                                                                                              |                                                                                      |                                                          |                                                               |  |  |  |  |  |  |  |
| 17.      |         | A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 35 U.S.C. 1.821-1.825.                                                   |                                                                                      |                                                          |                                                               |  |  |  |  |  |  |  |
| 18.      |         | A second                                                                                                                                                          | A second copy of the published International Application under 35 U.S.C. 154 (d)(4). |                                                          |                                                               |  |  |  |  |  |  |  |
| 19.      |         | A second copy of the English language translation of the international application 35 U.S.C. 154 (d)(4).                                                          |                                                                                      |                                                          |                                                               |  |  |  |  |  |  |  |
| 20.      |         | Other items or information:                                                                                                                                       |                                                                                      |                                                          |                                                               |  |  |  |  |  |  |  |
|          | a.      |                                                                                                                                                                   |                                                                                      |                                                          |                                                               |  |  |  |  |  |  |  |
|          |         | b. □<br>c. 🛭                                                                                                                                                      | Copy of Notification of Mi                                                           | ssing Requirements.<br>hternational Search Report.       |                                                               |  |  |  |  |  |  |  |
|          |         | d. 🗆                                                                                                                                                              | Superior Cities II                                                                   |                                                          |                                                               |  |  |  |  |  |  |  |
|          |         |                                                                                                                                                                   |                                                                                      |                                                          |                                                               |  |  |  |  |  |  |  |

## AP20 Rec'd PCT/PTO 14 JUL 2006

| U.S. APPLICATION NO. (if know                                                                                                                                                                                                | PLICATION NO. (if known, see 2007 1.5) INTERNATIONAL APPLICATION NO. PCT/JP2005/000591 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                | ATTORNEY'S DOCKET<br>NUMBER 04632.0072 |                 |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------|----------------------------------------|-----------------|--|--|--|--|--|--|
| The following fees ha                                                                                                                                                                                                        | ave been submitted:                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                | CALCULATIONS                           | PTO Use<br>Only |  |  |  |  |  |  |
| 21. 🛛 BASIC NATIONAL F                                                                                                                                                                                                       | BASIC NATIONAL FEE (37 CFR 1.492(a)):                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                                        |                 |  |  |  |  |  |  |
| 22.  Examination fee (37C                                                                                                                                                                                                    |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                                        |                 |  |  |  |  |  |  |
| If the Written opinion prepared by                                                                                                                                                                                           |                                                                                        | \$200.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                |                                        |                 |  |  |  |  |  |  |
| by IPEA/US indicates all cl                                                                                                                                                                                                  | <b>4</b> 250.55                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                                        |                 |  |  |  |  |  |  |
| All other situations                                                                                                                                                                                                         |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                                        |                 |  |  |  |  |  |  |
| If the written opinion of the ISA/U                                                                                                                                                                                          |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                                        |                 |  |  |  |  |  |  |
| IPEA/US indicates all clain<br>Search fee (37 CFR 1.445(a)(2))                                                                                                                                                               | \$400.00                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                                        |                 |  |  |  |  |  |  |
| International Searching Au<br>International Search Report prepa                                                                                                                                                              | 0.00                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                                        |                 |  |  |  |  |  |  |
| previously communicated                                                                                                                                                                                                      |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                                        |                 |  |  |  |  |  |  |
| All other situations                                                                                                                                                                                                         |                                                                                        | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$500                             |                |                                        |                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                              | TOTAL of 21                                                                            | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <del></del>                       |                | \$900.00                               |                 |  |  |  |  |  |  |
| Additional fee for specificatio listing in compliance electronic medium) ( The fee is \$250 for e                                                                                                                            |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                                        |                 |  |  |  |  |  |  |
| Total Sheets                                                                                                                                                                                                                 | Extra Sheets                                                                           | Number of each additional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 50 or fraction                    | Rate           |                                        |                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                              |                                                                                        | thereof (round up to a who                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                | ę                                      |                 |  |  |  |  |  |  |
| 34 - 100 =                                                                                                                                                                                                                   | /50=                                                                                   | L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   | x \$250.00     | \$                                     |                 |  |  |  |  |  |  |
| Surcharge of \$130.00 for furnishi<br>commencement of the national st                                                                                                                                                        | \$                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                                        |                 |  |  |  |  |  |  |
| CLAIMS                                                                                                                                                                                                                       | NUMBER FILED                                                                           | NUMBER EXTRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | RATE                              |                |                                        |                 |  |  |  |  |  |  |
| Total Claims                                                                                                                                                                                                                 | 33 - 20 =                                                                              | 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | x \$50.0                          | 0              | \$650.00                               |                 |  |  |  |  |  |  |
| Independent Claims                                                                                                                                                                                                           | 1 -3 =                                                                                 | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | x \$200.0                         | x \$200.00     |                                        |                 |  |  |  |  |  |  |
| MULTIPLE DEPENDENT CLA                                                                                                                                                                                                       | 00                                                                                     | \$360.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                |                                        |                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                              | \$1910                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                                        |                 |  |  |  |  |  |  |
| ☐ Applicant claims small entity s                                                                                                                                                                                            | tatus. See 37 CFR 1.27. Fee                                                            | es above are reduced by 1/2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                | \$                                     |                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                              | \$1910.00                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                                        |                 |  |  |  |  |  |  |
| Processing fee of \$130.00 for furn 1.492(i)).                                                                                                                                                                               | \$                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                                        |                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                              | \$1910.00                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                                        |                 |  |  |  |  |  |  |
| Fee for recording the enclosed as cover sheet (37 CFR 3.28, 3.31).                                                                                                                                                           | ssignment (37 CFR 1.21 (h)).<br>\$40.00 per property.                                  | The assignment must be according to the designment must be according to the design of | companied by an app               | propriate<br>+ | \$                                     |                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                              | \$1910.00                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                                        |                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                              |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                | Amount to be refunded:                 | \$              |  |  |  |  |  |  |
|                                                                                                                                                                                                                              | charged:                                                                               | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                |                                        |                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                              |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                                        |                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                              | of \$ to c                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                                        |                 |  |  |  |  |  |  |
| b.   Please charge my Deposit Account No in the amount of \$ to cover the above fees.  A duplicate copy of this sheet is enclosed.                                                                                           |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                                        |                 |  |  |  |  |  |  |
| c. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 06-0916. A duplicate copy of this sheet is enclosed.                          |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                                        |                 |  |  |  |  |  |  |
| d. Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                                        |                 |  |  |  |  |  |  |
| NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.               |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                                        |                 |  |  |  |  |  |  |
| SEND ALL CORRESPONDENCE TO:                                                                                                                                                                                                  |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                                        |                 |  |  |  |  |  |  |
| Finnegan, Henderson, Farabow,                                                                                                                                                                                                | Garrett & Dunner, L.L.P.                                                               | (A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   | <u> </u>       |                                        |                 |  |  |  |  |  |  |
| 901 New York Avenue, N.W.<br>Washington, DC 20001-4413                                                                                                                                                                       |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                                        |                 |  |  |  |  |  |  |
| EFC/FPD/sci                                                                                                                                                                                                                  |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Chapman/25,961<br>GISTRATION NUME | 3FR            |                                        |                 |  |  |  |  |  |  |
| DATED: July 14, 2006                                                                                                                                                                                                         |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | - L. I I       |                                        |                 |  |  |  |  |  |  |